

A Monthly Bulletin on Epidemiology & Public Health Practice in Washington State

Community-Based Surveillance + Prevention = Strategy to Reduce Deaths Among Children in Washington

Each year nearly 1000 children under age 18 die in Washington State, a rate of almost 60 per 100,000. Half of these deaths occur in infants 12 months old or younger. Medical causes account for about 75% of the deaths of children less than 1-year old. Advances in medical knowledge and health surveillance can help reduce such deaths.

Injuries account for 75% of the fatalities between ages 1 and 18. Motor vehicle accidents, homicide, suicide, and drowning are the most common causes (see Table, page 2). Whether intentional or accidental, most fatal injuries are preventable.

Child Death Review (CDR) is a community-based public health strategy aimed at:

- reducing preventable deaths of children by systematically identifying circumstances affecting such deaths;
- collecting and reporting standardized information to identify statewide issues;
- improving communication among local agencies via interagency case review;
- developing appropriate local and statewide prevention strategies.

For example, child death reviews in other states confirmed infant sleep position

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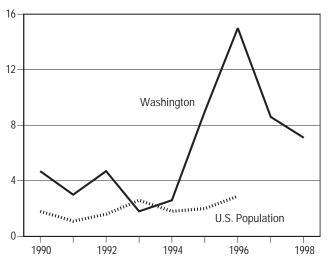
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Pertussis Case Rate Zooming Up Again in Washington

In the first four months of 1999 almost 400 cases of pertussis were reported in Washington State, equaling the total for all of 1998. Elevated rates were reported from multiple counties, mainly in Western Washington. Some 100 to 800 cases have been reported annually over the last 10 years.

Figure: Pertussis in Washington State and the U.S. population

Cases / 100,000



Although a vaccine-preventable infection, pertussis, or whooping cough, remains a public health challenge. Severe coughing persisting for several weeks may be further complicated by pneumonia, dehydration, seizures, apneic episodes, or death. No fatal cases occurred in Washington from 1988

through 1995, but one infant death was reported in 1996 and one in 1998.

This highly contagious disease can occur at any age. Most of the reported cases are in children under 5 years; infants under 1 year of age account for 50% of these cases. Older siblings and adults may be the source of infection for the younger infants. Adolescents, adults, and partially immunized children may have milder symptoms; an extended or unusual cough illness should prompt a consideration of pertussis.

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For More Information

For more information or to comment on this topic, please contact Melissa Allen, CDR coordinator, at 360-236-3536 or by e-mail at msa0303@doh.wa.gov; or Vicki Sussman, CDR data coordinator, 360-236-3503 or vss0303@doh.wa.gov.

Child Death Reviews (from page 1)

as a factor in sudden infant death syndrome (SIDS). The "Back to Sleep" public education campaigns focusing on this information have helped to significantly reduce the number of SIDS fatalities.

In Washington, several state agencies and coalitions conduct reviews addressing specific causes of child deaths. Examples include the Department of Social and Health Services review of deaths of children under DSHS care; Department of Health (DOH) Emergency Medical Services and Children's Hospital and Medical Center joint review of drowning deaths; and the Washington Traffic Safety Commission review of motor vehicle fatalities.

Until 1998, Washington lacked a statewide, integrated system for multidisciplinary review of all types of unexpected child deaths. Although the 1993 Legislature enacted a statute to encourage local health departments to review child deaths, it did not provide funding for such efforts. Nevertheless, a few local health jurisdictions (LHJ) formed child death review teams. Then in 1997, the Legislature appropriated funding for DOH to develop a statewide review system. A Child Death Review Proviso Work Group, with representatives from diverse agencies and community groups, produced the implementation plan presented in a January 1998 report that became the foundation for the child death review program.

Table: Deaths among children in Washington State by leading causes and age groups, 1997

	Age in Years								
Causes	<1	1–4	5–9	10–13	14–17				
All causes	440	110	79	49	154				
Congenital anomalies	117								
Conditions in perinatal period	119								
Disease (medical) conditions	100	29	33	22	35				
Sudden infant death syndrome	84								
Unintentional injuries	12	47	35	18	78				
Homicide and legal intervention		8		6	16				
Suicide			3	25					
All other causes	8	16	3	0	0				

To date, DOH implementation activities for the CDR program have included:

- technical assistance and consultation to LHJs as each develops its multidisciplinary team (20 thus far);
- collaboration with DSHS on a mutual review process that meets their federal mandate for community review of certain child deaths;
- development of a data collection tool for use by all CDR teams;
- development of guidelines for the CDR process that will set standards of practice while allowing for flexibility among communities.

Teams Review All Information

A data work group of representatives from local health jurisdictions, DSHS, and DOH created the data collection form to be used statewide by the Child Death Review teams. All information gathered is confidential and is not subject to discovery or subpoena (RCW 70.05.170).

The local CDR teams include representatives from public health and mental health agencies, Child Protective Services, law enforcement and prosecutor offices, the medical examiner or coroner, emergency medical services and schools, plus other professionals whose expertise may be useful. A team gathers all information pertinent to the circumstances of a child's unexpected death, such as medical records, death scene investigations, coroner or medical examiner reports, and motor vehicle crash reports. The goal is to identify factors that could help prevent similar deaths.

As more teams form, DOH is moving closer to the goal of review for every unexpected child death in Washington. CDR teams will begin using the statewide data tool later this year. We expect the CDR process to provide valuable information that will help identify state and community prevention strategies. •

Pertussis (from page 1)

Controlling pertussis involves immunizing children and reducing transmission by rapid diagnosis and treatment. Children should have five pertussis immunizations, the first three by 6 months of age, the fourth at 15 to 18 months, and a fifth between 4 and 6 years. The DTaP vaccine protects against pertussis, diphtheria, and tetanus.

Monthly Surveillance Data by County

April 1999* - Washington State Department of Health

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Asotin	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0	
Benton	0	1	0	1	1	0	0	0	0	19	0	0	4	1/5	
Chelan	0	2	0	0	0	0	0	0	0	9	1	0	3	3/12	
Clallam	0	0	0	0	0	0	0	0	1	4	0	1	0	0/#	
Clark	0	2	0	4	3	0	1	1	1	39	6	0	0	0/0	
Columbia	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0	
Cowlitz	0	0	0	0	0	1	0	0	0	3	0	0	0	0/14	
Douglas	0	0	1	0	0	0	0	0	1	1	0	0	2	0/0	
Ferry	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0	
Franklin	0	0	0	0	0	0	0	0	0	12	0	0	2	0/#	
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0	
Grant	0	0	0	1	0	0	0	0	0	10	0	0	2	0/#	
Grays Harbor	0	1	0	0	0	0	0	0	0	9	0	0	0	0/0	
Island	0	0	0	0	0	0	0	11	0	15	2	1	0	0/#	
Jefferson	0	0	0	0	0	0	0	0	0	1	1	0	0	0/#	
King	3	6	4	0	1	0	3	145	4	284	67	10	1	2/35	
Kitsap	0	2	0	0	0	0	0	5	1	29	6	0	0	1/19	
Kittitas	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0	
Klickitat	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0	
Lewis	0	0	0	0	0	0	0	0	0	16	2	0	0	0/0	
Lincoln	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0	
Mason	0	0	0	0	0	0	0	0	1	6	0	0	0	0/#	
Okanogan	0	0	0	0	0	1	0	0	0	2	0	0	2	0/0	
Pacific	0	0	0	0	0	0	0	0	1	0	0	0	0	0/#	
Pend Oreille	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0	
Pierce	0	7	1	0	0	0	2	9	4	102	52	2	0	1/55	
San Juan	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0	
Skagit	0	1	0	0	0	0	0	0	0	7	0	0	0	0/7	
Skamania	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0	
Snohomish	0	6	0	5	1	0	0	8	5	44	1	0	0	0/6	
Spokane	2	2	1	3	2	0	0	0	2	42	6	0	0	1/14	
Stevens	0	0	0	0	0	0	0	0	0	4	1	0	0	0/0	
Thurston	0	2	0	0	0	0	0	1	0	24	4	0	1	0/#	
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0	
Walla Walla	0	0	1	0	0	0	0	0	0	2	0	0	0	1/#	
Whatcom	0	3	0	3	0	0	1	2	1	0	0	0	0	0/#	
Whitman	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0	
Yakima	0	7	5	2	1	0	0	3	1	22	0	0	4	0/#	
Unknown														1/7	
Current Marrit		40	10	10	0		7	105	22	71/	140	1.4	22	11/100	
Current Month	6	42	13	19 107	9	2	7	185	23	716	149	14	23	11/190	
April 1998	4	36	27	187	12	3	3	22	19	1110	176	36	33	15/322	
1999 to date	10	116	29	92	18	4	24	395	88	3837	690	109	45 71	46/1236	
1998 to date	14	97	37	334	31	8	26	86	65	3627	613	163	71	44/1242	

^{*} Data are provisional based on reports received as of April 30, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

§# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



WWW Access Tips

For information about drinking water quality, consult these Web sites:

Washington State Department of Health at http://www.doh.wa.gov

American Water Works Association at http://www. awwa.org

U.S. Environmental Protection Agency Office of Ground Water and Drinking Water at http:// www.epa.gov/ogwdw

What's in the Water?

Consumers Around the State Are Receiving Answers in New Annual Reports on Community Water Supplies

Under a new federal consumer information regulation, water utilities must inform their customers about the quality of their water and related vital public health information. Beginning this year, community water systems serving more than 25 persons must provide customers with annual "consumer confidence reports" detailing the quality of the drinking water they serve. In Washington State, these reports are expected to reach 4.8 million customers of more than 2,000 community water systems.

Many water suppliers in Western Washington cities, including Bellevue, Tacoma, and Olympia, issued their reports in early May to coincide with National Drinking Water Week, May 2–8. Customers in other cities, such as Seattle and Everett, will receive reports in June. Water suppliers in Spokane and surrounding communities and Walla Walla and the Tri-Cities will issue water quality reports by late summer. All reports must be issued by October 19 this year, and by July each year thereafter.

Washington State Department of Health Secretary Mary Selecky urged consumers to use these reports to become better educated about their water. "Information is a powerful tool in protecting the public's health," Selecky said. "This new publicright-to-know rule is a giant step forward in consumer information and public under-

standing of drinking water. It requires drinking water suppliers to provide the same kind of information we've come to expect from the labels on our food."

The reports will tell customers whether their water comes from a lake, a river, or ground water sources, whether it contains bacteria or chemicals, and how those substances might affect their health. This information will allow consumers to make knowledgeable decisions about what water they should drink, which is especially important for persons who are vulnerable to illnesses, such as organ transplant recipients, HIV/AIDS patients and others with immune system disorders, and the elderly.

Consumer advocates and water suppliers alike supported this important right-to-know rule. Educated consumers are more likely to help protect their drinking water sources and also to understand the true costs of safe drinking water. The state Water Supply Advisory Committee, appointed by the Legislature to represent a range of drinking water interests, including utility owners and operators, consumers, and environmental advocates, has assisted the Department of Health in implementing this new federal regulation.

For more information, contact Gregg Grunenfelder, DOH Division of Drinking Water, 360-236-3110 or glg1303@doh.wa.gov

BULK RATE U.S. Postage PAID Washington State Dept. of Printing epitrends P.O. Box 47812 Olympia, WA 98504-7812



ep/TRENDS is posted on the Department of Health web site at: www.doh.wa.gov

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ep/TRENDS is published monthly by the Washington State Department of Health.